

Bret Nichols, Director of high school counseling department, author, motivational speaker and professional basketball player who played in Ireland, England and against the world famous Harlem Globetrotters as player/coach of the New York Nationals is founder of the You Gotta Believe Basketball Camp. The camp will provide:

- Development of basketball fundamentals and competitive games
- Daily contests, prizes, and give-a-ways for each camper
- Award ceremony will be after Extended Day on Friday at 2:30pm for all campers
- Fully insured, safe environment

Camp is open to girls and boys entering grades 2 - 9 and will be held at Frisbie School in Wolcott. Campers will be competitively split up into age, gender and ability groups to challenge their potential. You may sign up for 1 or 2 sessions as new learning will take place in each week!

Camp #9	SESSION 1	HALF DAY	JULY 7 – 11	8AM – 12PM
Camp #10	SESSION 1	EXTENDED DAY	JULY 7 – 11	8AM - 2:45PM
Camp #11	SESSION 2	HALF DAY	JULY 14 – 18	8AM - 12PM
Camp #16	SESSION 2	EXTENDED DAY	JULY 14 – 18	8AM - 2:45PM

Extended Day - Campers should bring food for a short lunch break. Extended Day will include Tournament games, team practices and skill building competitions with more prizes to be given out. Leadership and team building exercises will be built into this portion of camp as well.

HALF DAY

EXTENDED DAY

Date

\$130 before April 30	\$230 before April 30
\$145 before 6/28 for camp #9, before 7/5 for #11	\$255 before 6/28 for camp #10, before 7/5 for #16
\$160 after above said deadlines	\$280 after above said deadlines

2 Ways to Register:

- Fill out this Online Registration Form and pay by Venmo @nicholsygb or...
- Mail in below form postmarked before above dates with check (add \$10 processing fee for all mail in registrations)

judgment in any emergency requiring medical attention.

Print name of Parent/Guardian_

	e information visit <u>www.yo</u>	·····			·
1 0 0	V enmo, please Make Check Pa ret B. Nichols, 698 Upper Grass	•	*		of the registration form and send for all mail in registrations.
Name(s)			Camp #'s (see above) Grade(s) in Fall_		Grade(s) in Fall
Name(s)			Camp #'s (see ab	ove)	Grade(s) in Fall
Address		City	S	tate	Zip
School	Town	Home #	Cell #	E	mergency #
Parent Email for R	egistration Confirmation	n: (please write clearly	7)		
Do you have medic	cal insurance?Please attach a note inc		Iired medications, or medica		
responsibility for an	ampers are physically able y medical expense that ma	to participate in the You by occur as a result of his	a Gotta Believe Basketbans/her participation at camp	<i>ll Camp</i> p. I cert	

Camp photos/videos may be taken. Please email me if you do not want it to appear on social media.

Signature